4 Davenport Avenue Greenwich, CT 06830

PH Testimony
Public Health Committee Members

Re: SB 353 regarding Opioid Abuse

Dear Senator Gerratana, Representative Ritter and members of the Public Health Committee:

This testimony is in opposition of SB 353, an act concerning opioid abuse treatment which would allow medical personnel and clinical counselors without a license to practice acupuncture, the ability to perform auricular acupuncture in a private practice setting.

In addition to being a licensed acupuncturist and NADA certified, I am also a licensed clinical social worker and a licensed alcohol and drug counselor, working in the field of addiction for over 20 years. Due to safety concerns for patients, I do not feel that auricular acupuncture performed by non-acupuncture licensed professionals has a place outside of the institutional environment and in the absence of a group setting. The NADA protocol was developed to be performed in a group, which has been proven the most effective form of substance abuse treatment (versus individual work).

Also, if someone is in acute withdrawal (from any substance) he or she needs to be in a structured program or hospital, not in someone's office. In my many years of experience as a clinical therapist, by the time someone is appropriate for individual counseling in private practice, without the support of more intensive facility-based therapies (where they can also potentially access auricular acupuncture), it is approximately four to six months following cessation of substance use. By that time, the NADA protocol for "detox" is irrelevant and the use of any acupuncture as a therapy would focus on different issues. And with the move toward medication assisted recovery for opioid addiction, should a person be stabilized on Suboxone, Vivitrol or Methadone early on, they are not in any sort of withdrawal and therefore not in need of auricular acupuncture for detox anyhow.

Following withdrawal and stabilization, I feel acupuncture should be left to the experts - the licensed acupuncturists. NADA protocol training is inadequate for any therapist and being NADA certified as well as a social worker and addiction counselor, that training in no way would have prepared me to effectively and safely work with patients in my private practice. There is no overlap whatsoever in the education training of a therapist/LADC and an acupuncturist so the former have absolutely no idea what it truly entails to safely provide acupuncture to others whether it be one needle or many. It is still acupuncture and as I stated before, should be left to the experts.

Based on my credentials and training I have nothing to gain by writing this letter. But being a licensed acupuncturist and therefore what I have referred to as an "expert" and also being a LCSW and LADC who is also NADA certified, I have the unique ability to weigh both sides objectively and feel auricular acupuncture in the community needs to remain with the licensed acupuncturists.

Thank you for your time.

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